

<b>Case Number:</b>	CM15-0115420		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old female who sustained an industrial injury on 1/18/13. The injured worker was diagnosed as having bilateral shoulder periscapular strain, bilateral elbow medial and lateral epicondylitis, bilateral forearm/wrist flexor/extensor tendinitis with dynamic carpal tunnel syndrome and bilateral De Quervain's syndrome and lumbar musculoligamentous sprain/strain with left lower extremity radiculitis. Currently, the injured worker was with complaints of pain in the neck with radiating numbness and tingling to the left upper extremity, bilateral wrist, bilateral shoulders and bilateral elbows. Previous treatments included chiropractic treatments, physical therapy, medication management, acupuncture treatment and medication management. Previous diagnostic studies included a magnetic resonance imaging and electrodiagnostic studies. The injured workers pain level was noted as 8/10. Physical examination was notable for cervical spine tenderness to palpation over the paravertebral musculature and bilateral upper trapezius muscles, radicular symptoms to the left C5-C6 nerve root distribution and decreased range of motion. The plan of care was for Prilosec delayed release capsules 20 milligrams quantity 30 and Lidoderm patch 5 % quantity 30.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Prilosec delayed release capsules 20 mg quantity 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** This claimant was injured in 2013 with number upper extremity claimed disorders, and a lumbar strain. There is no mention of gastrointestinal issues. The pain was 8 out of 10. The MTUS speaks to the use of Proton Pump Inhibitors like Prilosec in the context of use along with a Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of the proton pump inhibitor is not automatic. Sufficient gastrointestinal risks are not noted in this claimant these records. The medicine appears unnecessary. The request is not medically necessary.

**Lidoderm patch 5 % quantity 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

**Decision rationale:** As shared previously, this claimant was injured in 2013 with number upper extremity claimed disorders, and a lumbar strain. There is no mention of gastrointestinal issues. The pain was 8 out of 10. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request is not medically necessary.